

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 4 — 0 0 1

2. STATE:

HAWAII

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
MEDICAL ASSISTANCETO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/04

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. §483.75

7. FEDERAL BUDGET IMPACT:

a. FFY NONE \$           b. FFY NONE \$           

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Text Page 79n

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):

Text Page 79n

10. SUBJECT OF AMENDMENT:

NURSE AIDE TRAINING AND COMPETENCY EVALUATION FOR NURSING FACILITIES

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

AS APPROVED BY GOVERNOR

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME:

LILLIAN B. KOLLER, ESQ.

14. TITLE:

DIRECTOR

15. DATE SUBMITTED:

January 26, 2004

16. RETURN TO:

DEPARTMENT OF HUMAN SERVICES  
MED-QUEST DIVISION  
POLICY AND PROGRAM DEVELOPMENT OFFICE  
P. O. BOX 700190  
KAPOLEI, HI 96709-0190**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

01/29/04

18. DATE APPROVED:

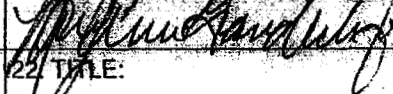
April 6, 2004

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/04

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:

Linda Minamoto

22. TITLE:

Associate Regional Administrator

23. REMARKS:

Division of Medicaid & Children's  
Health

Revision: HCFA-PM-91-10  
December 1991

(BPD)

State/Territory: HAWAII

Citation:

42 CFR 483.75; 42  
CFR 483 Subpart D;  
Secs. 1902(a)(28),  
1919 (e)(1) and (2),  
and 1919 (f)(2),  
P.L. 100-203 (Sec.  
4211 (a)(3)); P.L.  
101-239 (Secs.  
6901(b)(3) and  
(4)); P.L. 101-508  
(Sec. 4801(a)).

4.38

Nurse Aide Training and Competency Evaluation for  
Nursing Facilities

- (a) The State assures that the requirements of 42 CFR 483.150(a), which relates to individuals deemed to meet the nurse aide training and competency evaluation requirements, are met.
- (b) The State waives the competency evaluation requirements for individuals who meet the requirements of 42 CFR 483.150(b)(1).
- (c) The State deems individuals who meet the requirements of 42 CFR 483.150(b)(2) to have met the nurse aide training and competency evaluation requirements.
- (d) The State specifies any nurse aide training and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.152 and competency evaluation programs it approves as meeting the requirements of 42 CFR 483.154.
- (e) The State offers a nurse aide training and competency evaluation program that meets the requirements of 42 CFR 483.152.
- (f) The State offers a nurse aide competency evaluation program that meets the requirements of 42 CFR 483.154.

X

TN No. 04-001

Supersedes

TN No. 92-11

Approval Date: APR 6 2004 Effective Date: 01/01/04